

## **E. E.O. FORM**

**Please complete this form and return to the Department of Community Development at your earliest convenience:**

**Department of Community Development  
805 Central Avenue STE.700  
Cincinnati, Ohio 45202**

**The** \_\_\_\_\_  
(Name of your Community Council)

**Tax Exempt Number** \_\_\_\_\_

**Please indicate the current composition of your Council's Board:**

**Number of Males** \_\_\_\_\_

**Number of Females** \_\_\_\_\_

**Number of Caucasians** \_\_\_\_\_

**Number of African Americans** \_\_\_\_\_

**Number of Hispanics** \_\_\_\_\_

**Number of Asian/Pacific Islanders** \_\_\_\_\_

**THANK YOU FOR YOUR COOPERATION!**